MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
08/ 742474	29 no 93

APPLICANT(S) Janssens et al

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		5	Canceled			
7		(1)	canceled			
8		5	canceled			
9	1		1			
10		5	canceled	"		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19				1		
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50						
TOTAL IND.	2		2			
TOTAL DEP.	20		14			
TOTAL CLAIMS	22		16			

		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
53							
54							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS